Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only) EB 2 3 1998

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Contract Address (See Instructions)	Zip Code Zip Code Zip Code
Location of Installation (Physical address not P.O. Box or Route Number) eet 8 5 / W SEM / WA P P eet (Continued) y or Town State 7 C A G O Installation Mailing Address (See Instructions) eet or P.O. Box 9 / 8 2 9 5 4 5 7 8 5 7 y or Town State 7 V A G O Installation Contact (Person to be contacted regarding waste activities at site) me (Last) A P F F O F O MA WAGER 7 7 3 - 7 Installation Contact Address (See Instructions) Contract Address tion Mailing Other B. Street or P.O. Box B. Street or P.O. Box	Zip Code Zip Code Zip Code
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Ownership (See Instructions)	
ame of installation's Legal Owner	KECETARE
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7/1/0/1910 1/0/1/10 0/0/1/10	FEBI24 1998
et, P.O. Box, of Route Number	U.S. EPA, REGION V
	Zip Code
or Town State	THE REPORT OF THE PROPERTY OF
A 10 AGO REGION FRE	
ne Number (Area Code and Number) B. Land Type C. Owner Type D. Yes	Change of Owner (Date Changed) Indicator Month Day Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

APR 2 0 1998

APR 2 0 1998	ID - For Official Use Only		
RCRA RECURJS K U UM			
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to	n Instructions)		
A. Hazardous Waste Activity	B. Used Oil Recycling Activities		
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer installation) Note: A permit required for this activity; instructions. 4. Hazardous Waste Fuel a. Generator Marketing to But b. Other Marketers c. Boiler and/or Industrial Furn 1. Smelter Deferral 2. Small Quantity Exempt Indicate Type of Combust Device(s) 3. Industrial Boiler 3. Industrial Furnace Underground Injection Control EX. Description of Hazardous Wastes (Ice additional sheets if necessary)	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine		
IX. Description of Hazardous Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corre	espanding to the characteristics of		
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need 2 3 4 10 10 10 10 10 10 10 10 10 10 10 10 10	ste number(s) for the Toxicity characteristic contaminant(s)) to list more than 12 waste codes.) 5 6 6 11 11 12		
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number;			
	5 6		
X. Certification			
I certify under penalty of law that this document and all attachments were prepared under system designed to assure that qualified personnel properly gather and evaluate the inform or persons who manage the system, or those persons directly responsible for gathering the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significantly including the possibility of fine and imprisonment for knowing violations. Signature Name and Official Title (Type of ENERAL MAN) XI. Comments	nation submitted. Based on my inquiry of the person the information, the information submitted is, to the gnificant penalties for submitting false information, are print) Date Signed		
Me will be removing a melat	sontain lead.		
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section	n III of the booklet for addresses.)		



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

April 17, 1998

REPLY TO THE ATTENTION OF:

MR. WILLIAM PAPKE AGASSIZ SCHOOL **2918 E 95TH STREET** CHICAGO, IL 60617



RCRA RECORDS RUOM ILR 000 026 831 Waste, Pesticides & Toxics, Division RE: US EPA ID Number U.S. ERA-REGION 5 2851 N SEMINARY Location: **CHICAGO, IL 606057** In response to your correspondence of 01/24/98 , the following information has been updated:

MAILING ADDRESS CHANGED TO:

CONTACT PERSON CHANGED TO: LEGAL OWNER'S ADDRESS:

CONTACT PERSON'S PHONE NUMBER: LEGAL OWNER'S PHONE NUMBER:

2918 E 95TH STREET WILLIAM PAPKE

10 W 35TH STREET

(773) 721-9350 (312) 536-1070

If you have any questions, please call me at (312) 886-6173.

Sincerely.

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

cc: State Agency

File

0316065156

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010)



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

of the Resource Conservation and Recovery Act). United States Environmental Protect	
t. Installation's EPA ID Number (Mark 'X' In the appropriate box)	
A. First Notification B. Subsequent Notification (Complete Item C)	C: Installation's EPA ID Number:
II. Name of installation (include company and specific sits name)	
AGASSIZ	
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street	
REMINABY 1685	
Street (Continued)	
City or Town	State: Zip Code*
CHICAGO	IL 60 657-1
County Code County Name	
03110004 1-	
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	可能是AMERICATION TO THE TOTAL TOTAL TO THE TO
GAME IIIIIIII	
City or Town	State : Zip Code : 2000
V. Installation Contact (Person to be contected regarding waste activities at a	the)
WARDITTOOL	WILLIAM
Job Title Phone Num	nber (Area Code and Number)
PRINCIPAL I 312	1- 534 - 5725
VI. Installation Contact Address (See instructions)	
A Contract Address Location Mailing Other B. Street or P.O. Box	
City or Town	State: Zip Code
VII. Ownership (See instructions)	
A. Name of installation's Legal Owner	
CHICAGO PUBLICISCY	40018
Street, P.O. Box, of Route Number	
1819 WEST PERSHINE	I HOLAIDI I I I
City or Town	State Zip Code
CHICAGO	IL 601610191-111
Phone Number (Ares Code and Number) B. Land Type C. Owner	indicator Month Day Year
310-525-7039 M	Yes X No.

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A. Hazardous Wa	SIE ACTIVITY	The second secon	Recycling Activities
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c: Less than 100 kg/mm (220 lbs).	Instructions. 4. Hazardous Waste Fuel	The Oil Mosts	the Specifications
below)	a. Generator Marketing to	Combustion	mec: indicate: Type(s) of Device(s) set :::
E. For communication process (Control of Control of Con	c: Bollerandforindustrial	Furneces: 1 b. Cottestrial	Bollers Sales
Mode of Transportation	1: Smelter Determing 2: Smell Quantity Ex	emptions 3 Used Oil Tra	
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4. Water a Day	3. Industrial Furnace	Type(s) of A	ctivity(les)
	5. Underground Injection C		
IX. Description of Hazardous Wastes (Use	additional sheets if necessary)		
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nonlisted hazardous wastes your installation	the state of the second se	U - 261.24)	
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B. Listed Hazardous Wastes. (See 40 CFR 2	<u>-</u>		ste codes.)
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C. Other Wastes. (State or other wastes requ	iring a handler to have an I.D. nun	nber: See instructions.)	
2			· Prokata
X. Certification:			
i certify under penalty of law that this document system designed to assure that qualified persons	ei properly gather and evaluate the	information submitted. Base	d on my inquiry of the person
or persons who manage the system, or those pe- best of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonm	and complete. I am aware that there		
Signature	Name and Official Title (T)	/pe or print)	Date Signed
Caroliven	CAROL WILLNISKI DEPUTY CHIEF OPE	RATING OFFICER	8/2/96
A company of the second	DEPOTY CHIEF OF	ZATING OFFICE	
XI. Comments			
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